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## REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS

To: Commissioner for Patents P.O. Box 1450 Alexandria VA 22313-1450

| Application Number     | 09/903,985 - PATENT NO. 7,272,575 |  |
|------------------------|-----------------------------------|--|
| Filing Date            | SEPTEMBER 18, 2007 - 09/18/2007   |  |
| First Named Inventor   | VEGA, Lilly Mae                   |  |
| Art Unit               | 3621                              |  |
| Examiner Name          |                                   |  |
| Attorney Docket Number | P06753US00                        |  |

| Alexandria, VA 22313-1430   |  |                     |     |  |       |    |       |                            |  |     |       |  |  |
|---|--|---------------------|-----|--|-------|----|-------|----------------------------|--|-----|-------|--|--|
| Please withdraw me as attorney or agent for the above identified patent application, and  |  |                     |     |  |       |    |       |                            |  |     |       |  |  |
| ✓ all the attorneys/agents of record.   |  |                     |     |  |       |    |       |                            |  |     |       |  |  |
| the attorneys/agents (with registration numbers) listed on the attached paper(s), or  |  |                     |     |  |       |    |       |                            |  |     |       |  |  |
| $\checkmark$  | the attorneys/agents associated with Customer Number |                     |     |  |       |    |       | 22885                      |  |     |       |  |  |
| NOTE: This box can only be checked when the power of attorney of record in the application is to all the<br>practitioners associated with a customer number.  |  |                     |     |  |       |    |       |                            |  |     |       |  |  |
| The reasons for this request are:  The client's conduct renders it unreasonably difficult for the practioner to carry out the employment effectively and the client has falled to pay one or more bills rendered by the practioner for an unreasonable period of time.          |  |                     |     |  |       |    |       |                            |  |     |       |  |  |
| CORRESPONDENCE ADDRESS  |  |                     |     |  |       |    |       |                            |  |     |       |  |  |
| 1. The correspondence address is NOT affected by this withdrawal. 2. Change the correspondence address and direct all future correspondence to:  The address associated with Customer Number:   |  |                     |     |  |       |    |       |                            |  |     |       |  |  |
| ✓ inc   | lividual Name  | LILLY VE            | .GA |  |       |    |       |                            |  |     |       |  |  |
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| Signature   |  |                     |     |  |       |    |       |                            |  |     |       |  |  |
| Name  | KIRK M. HARTU  | ING tell M. Jarling |     |  |       |    |       | Registration No. 31,021    |  |     |       |  |  |
| Date  | ate 2-11-08  |                     |     |  |       |    | Telep | Telephone No. 515-288-3667 |  |     | 3667  |  |  |
| NOTE: Withdrawal is affective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration<br>tate of a time period for response or possible extension period, the request to withdraw is normally disapproved. |  |                     |     |  |       |    |       |                            |  |     |       |  |  |

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to teke 12 minutes to complete. including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary pending under ideals it is individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Assarding, N.A. 2231-345, D.O. NOT SEND FEES OR CONTIETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.